

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO  
A-ENGROSSED HOUSE BILL 2417**

1 On page 1 of the printed A-engrossed bill, line 2, after the semicolon in-  
2 sert “creating new provisions; amending ORS 403.110, 403.115 and 403.135;”.

3 Delete lines 4 through 24 and delete page 2.

4 On page 3, delete lines 1 through 10 and insert:

5 **“SECTION 1. As used in sections 1 to 3 of this 2021 Act:**

6 **“(1) ‘Coordinated care organization’ has the meaning given that**  
7 **term in ORS 414.025.**

8 **“(2) ‘Crisis stabilization center’ means a facility licensed by the**  
9 **Oregon Health Authority that meets the requirements adopted by the**  
10 **authority by rule under section 2 of this 2021 Act.**

11 **“(3) ‘Crisis stabilization services’ includes diagnosis, stabilization,**  
12 **observation and follow-up referral services provided to individuals in**  
13 **a community-based, developmentally appropriate homelike environ-**  
14 **ment to the extent practicable.**

15 **“(4) ‘Mobile crisis intervention team’ means a team of qualified**  
16 **behavioral health professionals that may include peer support special-**  
17 **ists, as defined in ORS 414.025, and other health care providers such**  
18 **as nurses or social workers who provide timely, developmentally ap-**  
19 **propriate and trauma-informed interventions, screening, assessment,**  
20 **de-escalation and other services necessary to stabilize an individual**  
21 **experiencing a behavioral health crisis in accordance with require-**

1 **ments established by the authority by rule.**

2 **“(5) ‘Peer respite center’ means voluntary, nonclinical, short-term**  
3 **residential peer support provided:**

4 **“(a) In a homelike setting to individuals with mental illness, sub-**  
5 **stance use disorder or trauma response symptoms who are experienc-**  
6 **ing acute distress, anxiety or emotional pain that may lead to the need**  
7 **for a higher level of care such as psychiatric inpatient hospital ser-**  
8 **vices; and**

9 **“(b) By a peer-run organization and directed and delivered by indi-**  
10 **viduals with lived experience in coping with, seeking recovery from**  
11 **or overcoming mental illness, substance use disorder or trauma re-**  
12 **sponse challenges.**

13 **“(6) ‘Veterans Crisis Line’ means the crisis hotline maintained by**  
14 **the United States Department of Veterans Affairs and the United**  
15 **States Department of Health and Human Services.**

16 **“SECTION 2. (1) The purposes of sections 1 to 3 of this 2021 Act are**  
17 **to build upon and improve the statewide coordinated crisis system in**  
18 **this state and to:**

19 **“(a) Remove barriers to accessing quality behavioral health crisis**  
20 **services;**

21 **“(b) Improve equity in behavioral health treatment and ensure**  
22 **culturally, linguistically and developmentally appropriate responses to**  
23 **individuals experiencing behavioral health crises, in recognition that,**  
24 **historically, crisis response services placed marginalized communities**  
25 **at disproportionate risk of poor outcomes and criminal justice in-**  
26 **volvement;**

27 **“(c) Ensure that all residents of this state receive a consistent and**  
28 **effective level of behavioral health crisis services no matter where**  
29 **they live, work or travel in the state; and**

30 **“(d) Provide increased access to quality community behavioral**

1 health services to prevent interactions with the criminal justice sys-  
2 tem and prevent hospitalizations, if appropriate, by investing in:

3 “(A) New technology for a crisis call center system to triage calls  
4 and link individuals to follow-up care;

5 “(B) The expansion of mobile crisis intervention teams; and

6 “(C) A wide array of crisis stabilization services, including services  
7 provided by:

8 “(i) Crisis stabilization centers;

9 “(ii) Facilities offering short-term respite services;

10 “(iii) Peer respite centers;

11 “(iv) Behavioral health urgent care walk-in centers; and

12 “(v) A crisis hotline center to receive calls, texts and chats from  
13 individuals or other crisis hotlines to provide crisis intervention ser-  
14 vices and crisis care coordination anywhere in this state 24 hours per  
15 day, seven days per week, 365 days per year.

16 “(2) The Oregon Health Authority shall adopt by rule requirements  
17 for crisis stabilization centers that, at a minimum, require a center  
18 to:

19 “(a) Be designed to prevent or ameliorate a behavioral health crisis  
20 or reduce acute symptoms of mental illness or substance use disorder,  
21 for individuals who do not require inpatient treatment, by providing  
22 continuous 24-hour observation and supervision;

23 “(b) Be staffed 24 hours per day, seven days per week, 365 days per  
24 year by a multidisciplinary team capable of meeting the needs of in-  
25 dividuals in the community experiencing all levels of crisis, that may  
26 include, but is not limited to:

27 “(A) Psychiatrists or psychiatric nurse practitioners;

28 “(B) Nurses;

29 “(C) Licensed or credentialed clinicians in the region where the  
30 crisis stabilization center is located who are capable of completing

1 assessments; and

2 “(D) Peers with lived experiences similar to the experiences of the  
3 individuals served by the center;

4 “(c) Have a policy prohibiting rejecting patients brought in or re-  
5 ferred by first responders, and have the capacity, at least 90 percent  
6 of the time, to accept all referrals;

7 “(d) Have services to address substance use crisis issues;

8 “(e) Have the capacity to assess physical health needs and provide  
9 needed care and a procedure for transferring an individual, if neces-  
10 sary, to a setting that can meet the individual’s physical health needs  
11 if the facility is unable to provide the level of care required;

12 “(f) Offer walk-in and first responder drop-off options;

13 “(g) Screen for suicide risk and complete comprehensive suicide  
14 risk assessments and planning when clinically indicated;

15 “(h) Screen for violence risk and complete more comprehensive vi-  
16 olence risk assessments and planning when clinically indicated; and

17 “(i) Meet other requirements prescribed by the authority.

18 “(3) The authority shall establish a crisis hotline center to receive  
19 calls, texts and chats from the 9-8-8 suicide prevention and behavioral  
20 health crisis hotline and to provide crisis intervention services and  
21 crisis care coordination anywhere in this state 24 hours per day, seven  
22 days per week. The crisis hotline center shall:

23 “(a) Have an agreement to participate in the National Suicide Pre-  
24 vention Lifeline network.

25 “(b) Meet National Suicide Prevention Lifeline requirements and  
26 best practices guidelines for operational and clinical standards and any  
27 additional clinical and operational standards prescribed by the au-  
28 thority.

29 “(c) Record data, provide reports and participate in evaluations and  
30 related quality improvement activities.

1       “(d) Establish formal agreements to collaborate with other agencies  
2 to ensure safe, integrated care for people in crisis who reach out to  
3 the 9-8-8 suicide prevention and behavioral health crisis hotline.

4       “(e) Contact and coordinate with the local community mental  
5 health programs for rapid deployment of a local mobile crisis inter-  
6 vention team and follow-up services as needed.

7       “(f) Utilize technologies, including chat and text applications, to  
8 provide a no-wrong-door approach for individuals seeking help from  
9 the crisis hotline and ensure collaboration among crisis and emer-  
10 gency response systems used throughout this state, such as 9-1-1 and  
11 2-1-1, and with other centers in the National Suicide Prevention  
12 Lifeline network.

13       “(g) Establish policies and train staff on serving high-risk and spe-  
14 cialized populations, including but not limited to lesbian, gay,  
15 bisexual, transgender and queer youth, minorities, veterans and indi-  
16 viduals who have served in the military, rural residents and individ-  
17 uals with co-occurring disorders. Policies and training established  
18 under this paragraph must include:

19       “(A) Policies and training on transferring calls made to the 9-8-8  
20 suicide prevention and behavioral health crisis hotline to an appro-  
21 priate specialized center within or external to the National Suicide  
22 Prevention Lifeline network; and

23       “(B) Training on providing linguistically and culturally competent  
24 care and follow-up services to individuals accessing the 9-8-8 suicide  
25 prevention and behavioral health crisis hotline consistent with guid-  
26 ance and policies established by the National Suicide Prevention  
27 Lifeline.

28       “(4) The staff of the crisis hotline center described in subsection (3)  
29 of this section shall:

30       “(a) Have access to the most recently reported information regard-

1 **ing available mental health and behavioral health crisis services.**

2 **“(b) Track and maintain data regarding responses to calls, texts and**  
3 **chats to the 9-8-8 suicide prevention and behavioral health crisis**  
4 **hotline.**

5 **“(c) Work to resolve crises with the least invasive intervention**  
6 **possible.**

7 **“(d) Connect callers whose crisis is de-escalated or otherwise man-**  
8 **aged by hotline staff with appropriate follow-on services and undertake**  
9 **follow-up contact with the caller when appropriate.**

10 **“(5) Crisis stabilization services provided to individuals accessing**  
11 **the 9-8-8 suicide prevention and behavioral health crisis hotline shall**  
12 **be reimbursed by the authority, coordinated care organizations or**  
13 **commercial insurance, depending on the individual’s insurance status.**

14 **“(6) The authority shall adopt rules to allow appropriate informa-**  
15 **tion sharing and communication across all crisis service providers as**  
16 **necessary to carry out the requirements of this section and shall work**  
17 **in concert with the National Suicide Prevention Lifeline and the Vet-**  
18 **erans Crisis Line for the purposes of ensuring consistency of public**  
19 **messaging about 9-8-8 suicide prevention and behavioral health crisis**  
20 **hotline services.**

21 **“SECTION 3. (1) In consultation with local community mental**  
22 **health programs, the Oregon Health Authority shall, to the extent**  
23 **funding is available, require each community mental health program**  
24 **to provide crisis stabilization services to individuals contacting the**  
25 **9-8-8 suicide prevention and behavioral health crisis hotline who need**  
26 **crisis stabilization services in the community by enhancing and ex-**  
27 **panding the use of mobile crisis intervention teams.**

28 **“(2) A city may request funding from a county to establish and**  
29 **maintain one or more mobile crisis intervention teams.**

30 **“(3) Mobile crisis intervention teams must operate in compliance**

1 with rules adopted by the authority.

2 **“SECTION 4. No later than January 1, 2022, the Oregon Health**  
3 **Authority shall report to the interim committees of the Legislative**  
4 **Assembly related to mental or behavioral health, in the manner pro-**  
5 **vided in ORS 192.245, recommendations on policies, legislative changes,**  
6 **if any, and funding to implement the National Suicide Hotline Desig-**  
7 **nation Act of 2020 (P.L. 116-172) and establish a statewide coordinated**  
8 **crisis services system. The report shall address or include:**

9 **“(1) The establishment of the crisis hotline center under section 2**  
10 **(3) of this 2021 Act to receive calls, texts and chats from the 9-8-8 su-**  
11 **icide prevention and behavioral health crisis hotline, including coor-**  
12 **dination with mobile crisis intervention teams and other crisis services**  
13 **and projected costs for the necessary technology and ongoing oper-**  
14 **ations;**

15 **“(2) Projections for increased crisis stabilization services to meet**  
16 **the needs of individuals accessing the 9-8-8 suicide prevention and be-**  
17 **havioral health crisis hotline, including:**

18 **“(a) Policies and funding to provide access to adequate mobile crisis**  
19 **intervention teams statewide, addressing ongoing funding from**  
20 **Medicaid, commercial insurance or other funding sources, to coordi-**  
21 **nated mobile crisis response services between cities and counties and**  
22 **the appropriate number of teams and staffing;**

23 **“(b) Policies and funding to provide statewide access to crisis sta-**  
24 **bilization centers, as defined in section 1 of this 2021 Act, addressing**  
25 **the statutory framework for such centers, licensing or regulatory**  
26 **structures, ongoing funding that maximizes Medicaid and commercial**  
27 **insurance, and a plan for the location and number of such facilities;**

28 **“(c) Policies and funding to provide access to other crisis services,**  
29 **including peer respite centers, as defined in section 1 of this 2021 Act,**  
30 **behavioral health urgent care walk-in centers or other services for**

1 specific populations; and

2 “(d) How the continuum of crisis services proposed in the report  
3 will:

4 “(A) Address the needs of Oregonians in all stages of life who ex-  
5 perience behavioral health crises; and

6 “(B) Improve health equity by addressing the preventable differ-  
7 ences in the burden of disease, injury, violence or opportunities to  
8 achieve optimal health that are experienced by socially disadvantaged  
9 populations;

10 “(3) Proposed strategies and policies for coordination with 9-1-1 and  
11 law enforcement;

12 “(4) Projections and proposed timeline for implementing the Na-  
13 tional Suicide Hotline Designation Act of 2020 (P.L. 116-172), and in  
14 particular for expanded service capacity and any proposed capital de-  
15 velopment, workforce needs or need for legislative changes or policies  
16 to remove barriers to the expansion of services;

17 “(5) Whether a fee should be proposed to pay expenses that the  
18 state is expected to incur for:

19 “(a) Ensuring the efficient and effective routing of calls made to the  
20 9-8-8 suicide prevention and behavioral health crisis hotline to an ap-  
21 propriate crisis center and personnel; and

22 “(b) Providing acute behavioral health, crisis outreach and stabili-  
23 zation services by directly responding to the 9-8-8 suicide prevention  
24 and behavioral health crisis hotline;

25 “(6) If a fee is proposed:

26 “(a) The proposed fee amount;

27 “(b) The proposed mechanism for the fee, including the type of  
28 telecommunications lines or accounts on which the fee will be im-  
29 posed;

30 “(c) The allocation of the fee revenue, including the crisis services



1 to which the fee will be allocated, the estimated cost of those services,  
2 and whether any portion of the fee revenue will be eligible for  
3 Medicaid match; and

4 “(d) Whether the proposed fee revenue will supplant any existing  
5 funding;

6 “(7) An assessment of existing and proposed crisis response services  
7 and any recommendations to improve the delivery and cost efficiency  
8 of crisis response services while maintaining quality care; and

9 “(8) An assessment of existing and proposed crisis response services  
10 and any recommendations for maximizing federal financial partic-  
11 ipation in the funding of the services.

12 “SECTION 5. The Oregon Health Authority may establish commit-  
13 tees in accordance with ORS 430.075 or assign tasks to existing agen-  
14 cies, boards or committees to accomplish the planning required for  
15 implementation or ongoing oversight of sections 1 to 3 of this 2021 Act  
16 in coordination with the crisis hotline center established under section  
17 2 (3) of this 2021 Act, the Office of Emergency Management, local  
18 public health and mental health authorities, hospitals and health sys-  
19 tems, coordinated care organizations, as defined in ORS 414.025, tele-  
20 communication providers and the National Suicide Prevention Lifeline  
21 Local Mental Health Authority, certified peer support specialists, as  
22 defined in ORS 414.025, 9-1-1, law enforcement, individuals with lived  
23 experiences in mental illness or substance use disorder, consumers of  
24 behavioral health services, including youth and families, and other  
25 stakeholders identified by the authority.

26 “SECTION 6. ORS 403.110 is amended to read:

27 “403.110. (1) A provider, [or] a 9-1-1 jurisdiction, a **9-8-8 coordinated**  
28 **crisis services system** or the employees or agents of a provider, [or] a 9-1-1  
29 jurisdiction **or a 9-8-8 coordinated crisis services system** may be held  
30 civilly liable for the installation, performance, provision or maintenance of

1 a 9-1-1 emergency reporting system, [or] enhanced 9-1-1 telephone service **or**  
2 **a 9-8-8 telephone service** if the provider, [or] the 9-1-1 jurisdiction, **the**  
3 **9-8-8 coordinated crisis services system** or the employees or agents of the  
4 provider, [or] the 9-1-1 jurisdiction **or 9-8-8 coordinated crisis services**  
5 **system** act with willful or wanton conduct.

6 “(2) A provider or seller is not liable for damages that result from pro-  
7 viding or failing to provide access to the emergency communications  
8 system, **the 9-8-8 coordinated crisis services system** or from identifying  
9 or failing to identify the telephone number, address, location or name asso-  
10 ciated with any person or device accessing or attempting to access the  
11 emergency communications system **or the 9-8-8 coordinated crisis services**  
12 **system**.

13 “(3) This section does not affect any liability a 9-1-1 jurisdiction may have  
14 for employee negligence in receiving emergency calls from the public and  
15 dispatching emergency services to the public.

16 **“SECTION 7.** ORS 403.115 is amended to read:

17 “403.115. (1) The primary emergency telephone number within this state  
18 is 9-1-1, but a public or private safety agency shall maintain both a separate  
19 10-digit secondary emergency number for use by a telephone operator or  
20 provider and a separate 10-digit nonemergency number.

21 “(2) Every public and private safety agency in this state shall participate  
22 in the emergency communications system.

23 “(3) An emergency telephone number other than 9-1-1 may not be pub-  
24 lished on the top three-quarters of the emergency listing page of a telephone  
25 book. However, an alternative nonemergency telephone number for a 9-1-1  
26 jurisdiction may be printed on the top three-quarters of the emergency listing  
27 page of a telephone book. The publisher may use the remainder of the page  
28 to list the Oregon Poison Center, Federal Bureau of Investigation, [*a desig-*  
29 *nated mental health crises service*] **9-8-8 coordinated crisis services system**  
30 and United States Coast Guard, where applicable. [*If there is more than one*

1 *mental health crises service in a jurisdiction, the local health department shall*  
2 *decide which mental health crises service the publisher may list by using the*  
3 *criteria of a 24-hour staffed service, nonprofit organization and non-9-1-1 par-*  
4 *ticipating agency.] The publisher shall refer to the community services sec-*  
5 *tion for other numbers.*

6 “(4) The emergency communications system must provide:

7 “(a) Interconnectivity between public safety answering points and  
8 interconnectivity with providers of the same or similar emergency response  
9 services nationally;

10 “(b) The capability, within each primary public safety answering point,  
11 to receive all emergency calls placed locally within each 9-1-1 service area;  
12 and

13 “(c) The automatic location identification accurately portraying the lo-  
14 cation from which each emergency call originates.

15 “**SECTION 8.** ORS 403.135 is amended to read:

16 “403.135. (1) A provider may not block delivery or forwarding to a public  
17 safety answering point of location **or a 9-8-8 coordinated crisis services**  
18 **system** information, a call-back number or other identifying information  
19 related to an emergency call.

20 “(2) Automatic number identifications received by public safety answering  
21 points **and 9-8-8 coordinated crisis services system** are confidential and  
22 are not subject to public disclosure unless and until an official report is  
23 written by the public or private safety agency and that agency does not  
24 withhold the telephone number under ORS 192.311 to 192.478 or other state  
25 and federal laws. The official report of a public safety answering point **or**  
26 **a 9-8-8 coordinated crisis services system** may not include nonpublished  
27 or nonlisted telephone numbers. The official report of a public or private  
28 safety agency may not include nonpublished or nonlisted telephone numbers.  
29 Nonpublished or nonlisted telephone numbers are not otherwise subject to  
30 public disclosure without the permission of the subscriber.

1 “(3) A provider is not subject to an action for civil damages for providing  
2 in good faith confidential or nonpublic information, including nonpublished  
3 and nonlisted subscriber information, to emergency **and 9-8-8** services pro-  
4 viders who are:

5 “(a) Responding to an emergency call;

6 “(b) Responding to emergency situations that involve the risk of death  
7 or serious physical harm to an individual, as provided in ORS 403.132; or

8 “(c) Notifying the public of an emergency.

9 “(4) Subsection (3) of this section does not compel a provider to provide  
10 nonpublished and nonlisted subscriber information directly to emergency **or**  
11 **9-8-8** services providers or law enforcement agencies prior to placement of  
12 an emergency call without process of law.

13 “(5) Subscriber information acquired by a 9-1-1 jurisdiction **or the 9-8-8**  
14 **coordinated crisis services system** for the purpose of providing emergency  
15 communications services under ORS 403.105 to 403.250 **or coordinated crisis**  
16 **services under sections 1 to 3 of this 2021 Act** is not subject to public  
17 disclosure and may not be used by other public agencies except:

18 “(a) To respond to an emergency call;

19 “(b) To respond to an emergency situation that involves the risk of death  
20 or serious physical harm to an individual, as provided in ORS 403.132; or

21 “(c) To notify the public of an emergency by utilizing an automated no-  
22 tification system if a provider has provided subscriber information to the  
23 9-1-1 jurisdiction or emergency services provider.

24 **“SECTION 9. In addition to and not in lieu of any other appropri-**  
25 **ation, there is appropriated to the Oregon Health Authority, for the**  
26 **biennium beginning July 1, 2021, out of the General Fund, the amount**  
27 **of:**

28 **“(1) \$5,000,000, which may be expended for costs associated with the**  
29 **crisis hotline center established in section 2 of this 2021 Act; and**

30 **“(2) \$10,000,000, for distribution to counties to establish and main-**

1 **tain mobile crisis intervention teams.”.**

2 In line 11, delete “4” and insert “10”.

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